

bear this foreign substance very well and will probably do so hereafter. (*Mon. des Sc. Méd.*, 23 Feb. 1861.)

This operation was some years since proposed by Dr. Nussbaum, of Munich (see No. of this Journal for July, 1854, p. 95 *et seq.*), but it was not supposed that it would succeed in the human being, and we must still entertain doubts on the subject.

44. *Proptosis, with Goitre, Palpitation, &c.*—Dr. C. Handfield Jones read an account of a case of this before the Royal Med. and Chirurg. Soc. (Nov. 27, 1860). Dr. C. J. B. WILLIAMS said that he knew of no class of cases more curious, or more peculiar in their prominent symptoms, than that referred to in the paper. There was none in which the effects of treatment were more striking. At first, these cases seemed to present all the signs of excessive arterial action, requiring depletion, sedatives, or other lowering treatment; but we now know that they were only to be combated by powerful tonics and general support to the system. Their pathology had at one time puzzled him (Dr. Williams) much. Many cases had been presented to him under the garb of heart disease or consumption. The physiognomical character of the disease was too remarkable to be mistaken. The prominence of the eye was striking: the eyeballs projected beyond the brows, sometimes to such an extent that the eyelids did not close during sleep. The vessels on the forehead, face, head, and neck were more prominent, throbbing, and larger than natural. This feature led him to regard the pathological character of the disease as consisting mainly in a kind of aneurismal varix of the thyroid. Enlargement of vessels would account for the prominence of the eyes, which were also, probably, in some cases rendered more prominent by effusion into the orbit. The whole cerebral circulation was in the same state of enlargement, producing excitement and other symptoms of disturbance of the brain. This state depending on diminution of nervous power, and not on increased power, explained the use of tonics in the disease. The action of tonics was remarkable. It might be necessary in some cases in the first instance to allay pain and excitement by the use of sedatives; but it was surprising how well the patient bore tonics when so much excitement prevailed. He had found the best tonics to be those of a more astringent kind, such as the perchloride and the phosphate of iron, which acted almost as specifics in the disease. Formerly he had been in the habit of using the nitrate of silver, and other of the milder tonics; but little benefit ensued until the more decided course of action was persevered in. This, with the occasional use of narcotics at night, highly nutritious food, pure air, and a careful husbanding of the strength, soon effected a beneficial change. He related the case of a lady to whom he was called in the early stage of this affection (he might here remark that all the cases which he had seen occurred in females). This patient was highly nervous, and suffered from great excitement and pain of the head; the eyeballs seemed starting from their sockets. Temporary relief was obtained by the exertion of pressure on the eye, and binding a handkerchief tightly round the head. There was enlargement of the arteries of the forehead, face, and neck. Was this a case for tonics? The answer was in the affirmative. Sulphate of iron with an excess of sulphuric acid was ordered. Under this, with a local application of Fleming's tincture of aconite, the patient perfectly recovered in a few days. He inquired if any member had examined, post-mortem, any of these cases; and suggested that the arteries of the brain and the orbit should, when possible, be carefully scanned.

#### MIDWIFERY.

45. *The Value of Anæsthetic Aid in Midwifery.*—Dr. KIDD read before the Obstetrical Society of London, December 5, 1860, a paper on this subject. In obstetric practice, the instances where the author has found the inhalation of

ether or chloroform to be called for in an especial degree, and where anæsthetic aid has proved decidedly useful, have been cases of version, forceps, twins, convulsions, and crotchet operations. He has known chloroform used in puerperal mania, but its apparent effect is perhaps a coincidence, and not of a curative nature. The author referred the Society to his previous work on *Anæsthetics*, where the result of 360 cases of midwifery treated under ether, and 1,700 under chloroform, without accident from fatty heart, are described. Of these two agents (though there have been twenty-five deaths from ether in general surgery), he believes ether is superior to chloroform in relaxing rigid perineum in labour, and otherwise acting on the muscles of the uterus, in version cases particularly. There have been no accidents from chloroform in about 30,000 cases of midwifery conducted with the aid of these agents. The mode of applying chloroform in the lying-in chamber recommended was that which is adopted now by all the chief obstetric practitioners in Europe and America with whom the author has personally communicated on the subject. In midwifery practice, the error of using "mixtures" of ether and chloroform was explained, as a patient supposed to be inhaling a mixture is in reality inhaling pure ether, and there is a danger of confusion arising in mistaking one anæsthetic for the other. A new anæsthetic of chloroform and ergot mixed was also mentioned. Cases of twins, where the second child presents with an upper extremity, "the pains severe and continuous, so that it is next to impossible for the accoucheur to introduce his hand to turn the child," were first described, where chloroform is invaluable, if there be no contraindication of diseased heart, etc. The several indications in undilated os uteri for tartar emetic, liquor opii, or chloroform, from the result in actual practice, were explained. Next those cases of twins were pointed out where at one particular stage it is judicious to allow an interval of rest to the uterus; here ammonia and ergot act like a charm; not that chloroform is injurious, but it requires to be given before or after ergot, and not at the same time. The author said that if in journals half the attention were given in fact to these points that is given to quack compounds of chloroform, all would be right. As in some cases of twins, so it is in some cases of "tedious labour;" the patient requires an interval of rest to renew reflex action, and remove the effect of exhaustion, "false pains," emotions of a depressing kind, sleeplessness, etc. Thus, an inexperienced or constitutionally delicate young woman, with her first or second child, becomes alarmed, sleepless, etc., during her labour. Some indigestion, diarrhoea, or fright has hastened her labour before its time. The first stage of labour has been attended with suffering, followed by fatigue. Here the pains are ineffectual in advancing the labour; but if there be no diseased heart or other contraindication to anæsthetics, the author strongly advocates their administration in the manner pointed out in the memoir. How does sleep during labour differ from anæsthesia? Sleep, according to the author, occurs only where there is exhaustion of sensorial or muscular power; anæsthesia is best where there is no exhaustion; it is independent of sleep. The reflex power of Marshall Hall is the frontier or limiting line between sleep and anæsthesia; in sleep it is active, in anæsthesia absent. In tedious labour the agony and pain will not permit the poor woman to sleep. Even opium is followed but by a tedious intoxication, without sleep, for hours; but chloroform is not an intoxicant, and acts at once and quite as safely. A patient in ordinary anæsthesia may be said to be doubly asleep. This is what is wanted for a short time in this class of labours, as thus reflex, sensorial, and muscular power are renewed. Emotion also is removed out of the way by chloroform sleep; and by a confident, cheerful demeanor on the part of the accoucheur, he may effect as much in two or three hours by chloroform as he might in almost as many days by delay, and opium, and waiting for nature. Cases of versional delivery, with and without chloroform, were next minutely described and compared; cases especially of excessive sensibility of the os uteri and vagina, where the waters have long come away, and the uterus has closed with spasmodic force over the fetal hand and arm. One well-known obstetrician has had 300 such cases; and he is every year more and more satisfied with the aid afforded by chloroform. The value of versional delivery and its *rationale* were also enlarged upon, as well as the much to be desiderated probability of the abolishing of craniotomy, and of many cases where

the forceps is unnecessarily and cruelly resorted to at present. Next to version cases, the usefulness of chloroform in forceps patients was explained, and directions given as to the mode of administration. Chloroform in abortion cases at the fifth or sixth month, as advocated by Dr. Tyler Smith, was also dwelt on; and even in cases of placenta prævia, as administered by Professor Simpson, Denham, and others. Chloroform, as facilitating delivery by means of version, has been tried with advantage to anticipate hemorrhage. Ammonia or brandy is first given, chloroform then administered, the feet brought down, and the remainder left to nature as the chloroform wears off. The treatment of particular forms of puerperal convulsion by chloroform was entered into and explained, especially its usefulness in that form common in poor unmarried women—convulsions the consequence of mental emotion, or epileptic excitement; but in the class of cases tending towards, or the result of apoplexy, and those with albuminuria, the use of chloroform or opium must be somewhat secondary, Dr. Kidd thinks, to the general treatment and general relief of the congested cerebral or spinal membranes. The author is not favourable to the use of anæsthetics in the simple hysteric varieties of the disease, hysteria being generally one of the contraindications to the administration of chloroform. The law of tolerance of chloroform in midwifery is not unlike that of the tolerance of ammonia, steel, bark, wine, opium, etc. All these medicines are of exceeding value where there is present shock to the nervous rather than to the vascular system. Chloroform is invaluable where there is exhaustion, debility, or shock, the result of great or long-continued pain; where there is loss of nerve force, or convulsions from excess of reflex irritability or pain, or mental emotion or excitement, etc. But chloroform is of less importance, as even wine, bark, iron, ammonia, etc., are of less use, where there is exhaustion, the result of hemorrhage, hectic, diarrhœa, exhausting suppuration, etc. Such diseases as chorea, asthma, whooping-cough, tetanus (not unlike puerperal convulsions), are blotted out by chloroform, no matter how apparently weak the patient may seem; but it is different with debility from hemorrhage or diarrhœa. The author's further experience of chloroform, in operation cases of craniotomy, vesico-vaginal fistula, ovariectomy, enucleation of uterine tumours, etc., in which he has administered it largely, was, in conclusion, recited.

In the discussion which followed the reading of this paper, Dr. GREAM said that, from some observations which had been made, it might be inferred that chloroform was but little used in midwifery in London; but he was sure that in no place was it more extensively employed, and he could positively state that amongst the upper classes it was almost universally employed, but with a general feeling of abhorrence of anything like intense insensibility. Surprise had been expressed by Dr. Barnes at the statement that so large a number of cases had occurred in which chloroform had been used in midwifery without accident; but there appeared to be no difficulty in understanding this, for it should be remembered that it was never right, nor was it required, to carry insensibility so far as in surgery; and he (Dr. Gream) was sure that all the fatality which had attended the exhibition of chloroform in midwifery had arisen from some little want of care, or from a want of appreciation of its power. When anæsthesia was first introduced, he had opposed, with others, the indiscriminate use of it, for he thought that at that time it was recklessly employed; and he believed that the present safe and efficient manner in which it was exhibited in London was the result, in a great measure, of the opposition offered to its former indiscreet and dangerous employment. It was a fact that no death from chloroform in midwifery had occurred in London; but allusion having been made to two authorities "beyond the Tweed," it was right to state that there the same immunity from calamity had not been enjoyed; yet he felt sure that no agent could be more safe, and none more beneficial, than chloroform in midwifery, when properly administered. He thought the author of the paper had unintentionally exaggerated the ill effects (if there were any), and also the good effects, of chloroform. For three reasons, he (Dr. Gream) thought chloroform most beneficial in labour: it removed pain, it rendered turning more easy, and it facilitated recovery; while the only detrimental effect was in protracted labour with pelvic contractions, where, by lengthening the intervals between the uterine pains, and slightly

diminishing uterine power, it might cause delay; but its advantages in all other respects made full recompense for this one drawback. In instrumental delivery of every kind it was most advantageous, and he had seen fewer cases of hemorrhage since he employed chloroform; indeed, he had exhibited it to patients who had habitually been subject to this occurrence, without hemorrhage supervening—a fact worthy the attention of theorists, but nevertheless a fact. Each person had his own way of administering chloroform. He had tried several plans, but of late years he had employed a common tumbler, in which he placed the chloroform, together with a clean pocket-handkerchief moistened with about two drachms of the fluid. This quantity ought to last two hours or more. The patient's face projected over the side of the pillow, and the nurse or the husband (strictly under his direction) placed the tumbler under her nose and mouth, at a distance of about an inch and a half or two inches, and thus the vapour rose perpendicularly towards her. She soon expressed a sense of giddiness; but the tumbler was still retained, until there was nearly an inability to answer any simple question put to her, and that should be the point beyond which no advance should be made. The chloroform should be now removed, and be replaced in a few minutes; and by thus being replaced and removed from time to time, while the pulse is felt and the respiration watched, a labour might be conducted through its stages without danger and without pain. He had never, during the number of years he had used chloroform, had one moment's anxiety as to its effect upon any patient to whom he had administered it. The object of the handkerchief in the tumbler was to prevent any chloroform from running out or escaping on the bed if the tumbler fell over. He had found that any handkerchief or machine with which it was necessary to touch the face had the effect of rousing the patient, and thus did harm.

Dr. DRUITT said that he believed there were very few labours in which chloroform might not be used with benefit at some stage or other; and that even when all the earlier stages go on easily and well, it is the greatest comfort at the final moment when the head emerges from the outlet. He did not believe that chloroform predisposed to hemorrhage; on the contrary, he knew women who had flooded severely in early labours, when they had no chloroform, and who had been confined under chloroform subsequently without hemorrhage. Neither does it seem to retard uterine action after the first inhalation or two, provided that it be used in the small doses which reason dictates; nay, it removes that obstacle to uterine action which is created by excessive sensitiveness of the orifice and passages, and which causes uterine action to be abortive. He knew a case in which, after a very slight inhalation—enough to tranquillize, but not stupefy—the head was driven through, with rupture of the perineum, that external sensitiveness having been allayed which is a bar to uterine action. In cases of protracted labour from rigidity, such as happen to robust women who marry rather late in life, the blessing of chloroform was incalculable. These were the cases formerly treated by bleeding, tartar-emetic, and opium; and, in opposition to the author, both opium and emetic tartar, in minute doses, were admirable adjuvants in the proper cases. No amount of torture equalled that which many women endured from excessive uterine action and quasi-inflammatory rigidity of the os, and chloroform agreed well with any other proper remedy that might be devised. The only reservation he would make was, that chloroform should be used in the minutest quantity, and the minutest quantity sufficed. Two drachms were enough in most labours, a few drops at a time, to imitate the normal condition of labour; that is, a short snatch of refreshing sleep at the end of every contraction, and a little drowsiness beyond. He had met with two cases in which a very small quantity of chloroform produced symptoms of angina pectoris in women whose hearts were weak, and in such cases he thought that the risk ought not to be run.

Mr. TYLER SMITH agreed with nearly all that had fallen from the previous speakers in favour of chloroform in obstetric practice. He thought it might be laid down as a principle in regard to its employment that, besides its value in allaying pain, it was useful in all cases, especially in operative midwifery, where it was desirable to moderate excessive action of the uterus, and to promote dilatation and relaxation. He held, on the other hand, that it was contraindicated

cated in cases where there was deficient action of the uterus—as in feeble and tardy labour from inertia, and in cases where hemorrhage was expected. He had seen it stop the course of labour midway, and he believed that post-partum hemorrhage and retention of the placenta occurred more frequently after its use than without it. One good effect of the discussion on the present paper lay in the difference of opinion which had been elicited. The causes of these differences would be studied, and the truth brought out. It could not possibly be correct that chloroform relaxed the uterus so as to facilitate turning, and made it contract so as to increase the difficulties of this operation; or that it could both cause and prevent hemorrhage. He had himself no doubt of its usefulness in difficult cases of turning. He had met with cases in which version had been accomplished by its aid, where without it the operation would have been utterly impossible. He had seen mania follow its employment, and he thought that in some cases the relation was that of cause and effect. He had also met with bad cases of rupture of the perineum under its use. The patients were relieved from pain, but volition was not suspended, and under these circumstances the violent and fearless straining efforts ploughed up the perineum by the foetal head in the expulsive pains. It was of very great consequence to lessen, as far as possible, the dangers attending the use of this great and beneficent agent. The influence of fatty heart, alcoholism, and other conditions, in fatal cases, had been much debated; but there was one source of danger which, so far as he was aware, had not been dwelt upon. He referred to idiosyncrasy. He had known patients affected to a poisonous extent by ordinary doses of ether or chloroform. He knew two ladies, in apparently good health, in whom a few drops of chloroform would at any time produce repeated fainting. He suspected, therefore, that some of the inexplicable cases of death from chloroform depended on idiosyncrasy, and, before its administration, it would be useful if patients were tested as to their tolerance of its effects.—*Med. Times and Gaz.*, Dec. 22, 1860.

46. *The Placenta and Membranes in Twin Pregnancies.*—DR. SPAETH, of Vienna, has observed the condition of the foetal membranes in 126 cases of twin pregnancy. The following was the result—

In 49 cases, each had a distinct placenta, chorion, and amnios.

In 46 cases, the placenta were united; but each foetus had a distinct chorion and amnios.

In 28 cases, the placenta were united, and there was a single chorion; but each foetus had a separate amnios.

In 2 cases, the placenta were united, and there was a single chorion and amnios.

Where the placenta were united, the line of junction was often indicated by a distinct depression on the concave surface of the organ and by scanty deposits of fibrin. The line of demarcation was present even where the chorion was single, and where vascular communications between the two placenta were distinctly seen on their foetal surface.

In none of the cases where the chorion was single was there the slightest indication of its having been formed by the fusion together of two originally distinct membranes. At the level of the line which separated one amnios from the other, the chorion was always perfectly smooth, without thickening or depression. In cases where the chorions were distinct but the placenta united, the vessels were always independent and presented no anastomoses. On the other hand, vascular communications between the placenta existed in two cases where the amnios was single, and in one where there was a doubt as to its being single or double: they were also present in seventeen of the twenty-eight cases where a single chorion enveloped two distinct amniotic membranes.

The anastomoses were always formed by tolerably large branches situated superficially on the inner face of the placenta. Hence, in the majority of cases where the placenta are united, and where the chorion is single, there is free communication between the vascular systems of the two placenta. The anastomoses occur sometimes from vein to vein, and sometimes from vein to artery. In one case, M. Spaeth noticed an anastomosis between an artery of one foetus and a vein of another.—*Brit. Med. Journ.*, Sept. 8, from *Zeitschrift der Gesellschaft der Aerzte zu Wien*.